



Fermilab
ES&H Section

Permanent Badge Service Request

Name: _____ Date: _____
Last First MI

Social Security Number:* _____ Sex:* M F

Fermilab ID: _____ Employee Visitor Contractor Birthdate:* _____
M/D/Y

Mail Station: _____ Extension: _____ E-Mail: _____

Permanent Mailing Address: _____
Number Street

City State/Country Zip Code

Division/Section or Experiment #: _____ Department: _____

Supervisor/Lab Contact: _____

Estimate of radiation exposure for current calendar year: _____ mrem

Have you ever used a dosimeter at Fermilab? YES NO

If yes, approximate dates? _____

Have you ever been monitored for radiation exposure at another facility? YES NO
If yes, please complete table below.

PREVIOUS EMPLOYER	EMPLOYER'S ADDRESS	DATES OF EMPLOYMENT

Requester's Signature

Date

*The collection and disclosure of this information is governed by the Privacy Act of 1974, 5 U.S.C. 552a. The authority to collect the information is derived from 5 U.S.C. 301; this authority incorporated by reference in Title III of the Department of Energy Organization Act at 42 U.S.C. 7151, including 42 U.S.C. 2201 and 42 U.S.C. 5813 and 5817. Compliance with this request for identifying information is voluntary. However, if the requested information is not furnished, you may be denied dosimetry services. This information may be disclosed to the U.S. Navy, Nuclear Regulatory Commission, DOE contractors and consultants, and other organizations for the purpose of monitoring radiation exposure; to the Department of Health and Human Services or its components to facilitate health hazard evaluations or epidemiological studies; to certain individuals in the performance of health studies or related activities; or to certain advisory committees providing advice to the DOE regarding health, safety and environmental issues pursuant to a routine use authorized by the system of records DOE-35, "Personnel Radiation Exposure Records." For questions, contact the Dosimetry Program Manager at X8386 or dosimetry@fnal.gov.

Send completed form to Dosimetry, MS 119, P.O. Box 500, Batavia, IL 60510

Radiation Safety Officer:

Is it necessary that this individual be on permanent badge service? YES NO

Has this individual received appropriate radiological training? YES NO

If yes to both: TLD Badge should be placed

Signature: _____

Dosimetry Program Office Use

Badge Number	_____	Account Number	_____	Series Code	_____
Initiation of Service:	_____	Termination:	_____		

CHECKLIST FOR SETUP

_____	Notification Sent to Badge Wearer
_____	Information to Permanent Badge Holders Sent (R.P. Form #6)
_____	Information on Prenatal Exposure Sent (R.P. Form 13)
_____	Occupational Exposure History Requests (R.P. Form #2) forwarded
_____	Entered into Vendor Database
_____	Entered into Dosimetry Program Office database
_____	Rack Tags Prepared
_____	Permanent Service Folder Prepared
_____	Exposure from temporary badges incorporated into permanent history
_____ mrem	Cumulative Exposure Upon Termination